

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET.
(FOR USE WITH FORM PTO-875)

SERIAL NO

10599397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6	1		1			
7						
8		1				
9		1				
10		1				
11		1				
12		1				
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		13	←		←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						